

(Strike out whichever is not applicable)

19. Particulars of Publications in Peer reviewed/ Indexed National/ International Journals:
(Please attach additional sheet, if required)

Sr. No.	Title of the Paper / Journal/Book	Name of the Journal/ Publisher	Details of the publication		
			Volume	Issue	Year
1					
2					
3					
4					

(Please attach separate sheet with details of publications)

20. Details of Teaching Experience: (Please attach separate sheet if required)

Sr. No	Name of the College	Subject(s) Taught	Period

21.Details of Work Experience: (Industry/Research Organization etc.)
(Please attach separate sheet if required)

Sr. No.	Name of the Organisation	Designation	Period

22.Present Employment Details

Name of the Employer:

Designation:	Assistant Professor	Associate Professor	Professor/ Director/ Dean

Address:							
	PIN						

23. Eight Copies of proposed Research Outline

24. Declaration :

a) I hereby declare that the above information is true and complete to the best of my knowledge and belief. I am aware that if any information herein is found to be incorrect or incomplete, my application form will be rejected/ admission will be cancelled.

b) If admitted to Dr. D. Y. Patil University, Pune, I shall abide by its Rules and Regulations.

c) I have read and understood all the provisions mentioned on the website and hereby agree to abide by these provisions.

d) The details are available in **Ph. D. Regulations – 2017 on Vidyapeeth website**

Place : **Signature of the Candidate**

Date:

Appendix - B

No objection Certificate from the Institute

To,

The Registrar,
Dr. D. Y. Patil Vidyapeeth,
Pune – 411018

Sub : No Objection Certificate for joining Ph. D. Course

Sir,

Mr./Ms./Dr. ----- who is working in (name of the College/Institute/University/Laboratory) as ----- is applying for Ph. D. Course for the Academic Year ----- This Institute have no objection for the same. We are pleased to forward his / her application for admission to fulltime Ph. D. programme at Dr. D. Y. Patil Vidyapeeth, Pune.

Date:

Signature of the Head Institute

Place:

Name :

Designation :